

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

1. PLACE OF BIRTH:

County Apache State ARIZONA  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child BURK { If child is not yet named, make supplemental report, as directed.

3. Sex M If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? \_\_\_\_\_ 8. Date of birth Sept. 8, 1893 193  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_

9. Full name FATHER H. R. Burk 18. Full maiden name MOTHER Laura D. Burk

10. Residence (usual place of abode) (If nonresident, give place and State) \_\_\_\_\_ 19. Residence (usual place of abode) (If nonresident, give place and State) \_\_\_\_\_

11. Color or race \_\_\_\_\_ 12. Age at last birthday \_\_\_\_\_ (years) 20. Color or race \_\_\_\_\_ 21. Age at last birthday \_\_\_\_\_ (years)

13. Birthplace (city or place and State or country): \_\_\_\_\_ 22. Birthplace (city or place and State or country): \_\_\_\_\_

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

Number of children of this mother (At time of this birth and including this child) \_\_\_\_\_ (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

If stillborn, period of gestation \_\_\_\_\_ { months or weeks } 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated. (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) H. R. Burk (Father) M. D.

Name added from supplemental report \_\_\_\_\_ or \_\_\_\_\_ Midwife

(Date of) \_\_\_\_\_ Address \_\_\_\_\_

Registrar. \_\_\_\_\_ Filed \_\_\_\_\_ 193 \_\_\_\_\_ Registrar.

922-908-322